

Cemeteries in City of Baltimore will make returns of all

No. 98842

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98842 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 Years, Months, Days

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 105 Mercury St

Cause of Death, {First (Primary), Second (Immediate),} Heart disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 27 March 1886

{Undertaker, J B Cooper} O L Mahon M. D. Medical Attendant.

{Place of Business, 707 N Baltimore} Address, E 11th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98843 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Truchs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoe maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 20 yrs.

Place of Death, { Give Street and Number. } 1604 Abbott st.

Cause of Death, { First (Primary), Asthria
Second (Immediate), }

Duration of Last Sickness, 10 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch.

Date of Burial, March 26th 1887

Undertaker, Henry Hock & Son

E. B. Kenby, M. D.
Medical Attendant.

Place of Business, 1023 N. Federal St. Address, 1201 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98844 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 25th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabeth Hagensöther

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 Years, _____ Months, _____ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (50 yrs in A.)

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch.

Date of Burial, March 28th 1889

Undertaker, Henry Fork & Son Oscar J. McKim M. D. Medical Attendant.

Place of Business, 108th Central Ave. Address, 621 N. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98845 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 23 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Mackall
Howard Mackall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Years, None Months, None Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1617 Vincent al

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} North 1617 Vincent al

Cause of Death, {First (Primary), Whooping Cough
Second (Immediate), Pneumonia}

Duration of Last Sickness, About one week, I saw it but twice just before it ended

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 27 87

{Undertaker, Sam W Chase Medical Attendant, W. C. Polo M. D.

{Place of Business, City of Baltimore Address, 2102 Madison St}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of

Health Department, City of Baltimore.

Permit No. 98846 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 14 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Ex.

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, New Leath. Cem.

Date of Burial, March 27. 1887

Undertaker, John Masterson J. Flannery M. D.
Medical Attendant.

Place of Business, Division St. Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Board of Health, City of Baltimore.

Permit No. 98848 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *March 26th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Ingersoll Varvarina*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, 14 Months, 1 Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not
required in this line. } Single

Occupation *X X X*

Birthplace, { State or country, and how }
 { long in the United States. }
 { if of foreign birth. }

Balto. City, Md. 1-1

Duration of Residence in the City of Baltimore, Life Home

Place of Death, { Give street and } 20, S Bond St.
Number.

Cause of Death, } First (Primary), Catarrhal Fever
Second (Immediate)

Duration of Last Sickness, Seven Days

Place of Burial, *Bohemian National Li*

Date of Burial, *Mar 27 / 87.*

Undertaker *Frank. Coach* Medical Attendant.

Place of Business, 823 N Durham Address, 17016 Balboa St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department ~~City of~~ Baltimore.

Permit No. 98849 Office of ~~Registrar~~ Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Taylor Rice

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 77 Years, 2 Months, 28 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Commission Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Westmoreland Co Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 1203 Mosher St

Cause of Death, { First (Primary), Second (Immediate), } Heart disease

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Novini Ferry D.C.

Date of Burial, March 29th 1887

Undertaker, Denny & Mitchell J. B. Hummer M. D. Medical Attendant.

Place of Business, 3050 N. Fayette St Address, 403 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4607 Francis

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 98850 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily, Granch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 Years, _____ Months, _____ Days.

Color, Mulatto

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give Street and Number. } 1053, Barn, St

Cause of Death, { First (Primary), Secnd (Immediate), } Cancer (Breast)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Harps Cemetery

Date of Burial, March 27 1887

{ Undertaker, Merced Ross } Geo. H. Blake M. D. Medical Attendant.

{ Place of Business, 404 E. Myrtle St } Address, 404 E. Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98857 Office of Registrar of Vital Statistics.

Ward 12^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, Mar 25 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hoos Sr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 80 Years, _____ Months, _____ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Trimmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 2101 Penn Ave

Cause of Death, { First (Primary), Second (Immediate), } Senile Dementia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Mar 28 1887

Undertaker, W B Lloyd

Place of Business, 1139 Penn ave Address.

H J Bouck

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]